

G-Code Specifications and Instruction for Clinical Measures
Physician Voluntary Reporting Program (PVRP)
As of: December 27, 2005

Measure: Aspirin at arrival for acute myocardial infarction

Numerator:

G8006: Acute myocardial infarction: patient documented to have received aspirin at arrival

G8007: Acute myocardial infarction: patient not documented to have received aspirin at arrival

G8008: Clinician documented that acute myocardial infarction patient was not an eligible candidate to receive aspirin at arrival measure

Denominator:

Patients with acute myocardial infarction who present to hospital emergency department or are hospitalized as listed:

Patients with acute myocardial infarction:

ICD-9: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91

And

ED E&M: 99281-99285; initial hospital care E&M: 99221-99223; observation: 99218-99220, 99234-99236; critical care services: 99291- 99292

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the listed CPT services are provided for a patient with acute myocardial infarction. It is anticipated that the patient would receive aspirin therapy upon initial arrival if clinically appropriate. However, the timeframe for this measure includes the entire 24 hour period before presentation and the 24 hour period from the time of presentation. This construct is consistent with the hospital performance measure. This measure is intended to reflect the quality of services provided for the initial, primary management of patients with acute myocardial infarction who present to the emergency department or the hospital setting.

Measure: Beta blocker at time of arrival for acute myocardial infarction

Numerator:

G8009: Acute myocardial infarction: patient documented to have received beta-blocker at arrival

G8010: Acute myocardial infarction: patient not documented to have received beta-blocker at arrival

G8011: Clinician documented that acute myocardial infarction patient was not an eligible candidate for beta-blocker at arrival measure

Denominator:

Patients with acute myocardial infarction who present to hospital emergency department or are hospitalized as listed:

Patients with acute myocardial infarction:

ICD-9: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91

And

ED E&M: 99281-99285; initial hospital care E&M: 99221-99223; observation: 99218-99220, 99234-99236; critical care services: 99291- 99292

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the listed CPT services are provided for a patient with acute myocardial infarction who presents to the hospital emergency department or other hospital setting. It is anticipated that the patient would receive beta-blocker therapy upon initial arrival if clinically appropriate. However, the timeframe for this measure includes the entire 24 hour period from the time of presentation. This construct is consistent with the hospital performance measure. This measure is intended to reflect the quality of services provided for the initial, primary management of patients with acute myocardial infarction in the emergency department or hospital setting.

Measure: Antibiotic administration timing for patient hospitalized for pneumonia

Numerator:

G8012: Pneumonia: patient documented to have received antibiotic within 4 hours of presentation

G8013: Pneumonia: patient not documented to have received antibiotic within 4 hours of presentation

G8014: Clinician documented that pneumonia patient was not an eligible candidate for antibiotic within 4 hours of presentation measure

Denominator:

Patients with pneumonia as listed:

ICD-9CM codes: 480.1, 480.2, 480.3, 480.8, 480.9, 481 (S. pneumo), 482.0 (Klebsiella), 482.1 (Pseudomonas), 482.2 (H. flu), 482.30 (unspec. Strep), 482.31 (Strep A), 482.32 (Strep B), 482.39 (other Strep), 482.40 (unspec. Staph), 482.41 (S. aureus), 482.49 (other Staph), 482.81 (Anaerobes), 482.82 (E. coli), 482.83 (other gram neg), 482.84 (Legionnaires), 482.89 (other spec. bacteria), 482.9 (unspec. bacteria), 483.0 (M. pneumoniae), 483.1 (Chlamydia), 483.8 (other spec. organism), 485 (Bronchopneumonia, unspec. organism), 486 (unspec organism), 487.0 (influenza with pneumonia)

And

ED E&M: 99281-99285; initial hospital care E&M: 99221-99223, 99218-99220; critical care codes 99291-99292

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 is used with the listed CPT services for a patient with pneumonia. This measure should reflect the quality of services for the initial management of a patient with pneumonia presenting to the emergency department

and admitted to hospital or a hospital setting. Patients transferred to an emergency department should not be considered an eligible candidate and the clinician should use the appropriate quality G-code indicator to indicate that such a patient is not a candidate for this measure.

Priority Measure: Hemoglobin A1c control in patient with Type I or Type II diabetes mellitusNumerator:

G8016: Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as less than or equal to 9%

G8015: Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as greater than 9%

G8017: Clinician documented that diabetic patient was not eligible candidate for hemoglobin A1c measure

G8018: Clinician has not provided care for the diabetic patient for the required time for hemoglobin A1c measure (6 months)

Denominator:

Patients with diabetes:

ICD-9-CM codes 250.0-250.9 (DM), 357.2 (polyneuropathy in DM), 362.0 (DM retinopathy), 366.41 (DM cataract), 648.0 (DM in pregnancy, not gestational)

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99341-99350 (home visit); 99304-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary); G0344

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the listed E&M services are provided to patients with diabetes mellitus for the primary management of diabetes mellitus. It is not anticipated that clinicians would use this indicator if the clinician is not providing services for the primary management of diabetes mellitus.

Measure: Low-density lipoprotein control in patient with Type I or Type II diabetes mellitusNumerator:

G8020: Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as less than 100 mg/dl

G8019: Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as greater than or equal to 100 mg/dl

G8021: Clinician documented that diabetic patient was not eligible candidate for low-density lipoprotein measure

G8022: Clinician has not provided care for the diabetic patient for the required time for low-density lipoprotein measure (12 months)

Denominator:

Patients with diabetes:

ICD-9-CM codes 250.0-250.9 (DM), 357.2 (polyneuropathy in DM), 362.0 (DM retinopathy), 366.41 (DM cataract), 648.0 (DM in pregnancy, not gestational)

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99341-99350 (home visit); 99304-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the listed E&M services are provided to patients with diabetes mellitus for the primary management of diabetes mellitus. It is not anticipated that clinicians would use this indicator if the clinician is not providing services for the primary management of diabetes mellitus.

Measure: High blood pressure control in patient with Type I or Type II diabetes mellitus

Numerator:

G8024: Diabetic patient with most recent blood pressure (within the last 6 months) documented less than 140 systolic and less than 80 diastolic

G8023: Diabetic patient with most recent blood pressure (within the last 6 months) documented as equal to or greater than 140 systolic or equal to or greater than 80 mmHg diastolic

G8025: Clinician documented that the diabetic patient was not eligible candidate for blood pressure measure

G8026: Clinician has not provided care for the diabetic patient for the required time for blood measure (within the last 6 months)

Denominator:

Patients with diabetes:

ICD-9-CM codes 250.0-250.9 (DM), 357.2 (polyneuropathy in DM), 362.0 (DM retinopathy), 366.41 (DM cataract), 648.0 (DM in pregnancy, not gestational)

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99341-99350 (home visit); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary); G0344

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the listed E&M services are provided to patients with diabetes mellitus for the primary management of diabetes mellitus.

Measure: Angiotensin-converting enzyme inhibitor or angiotensin-receptor blocker therapy for left ventricular systolic dysfunctionNumerator:

G8027: Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-I or ARB) therapy

G8028: Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-I or ARB) therapy

G8029: Clinician documented that heart failure patient was not an eligible candidate for either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-I or ARB) therapy measure

Denominator:

Heart failure patients with LVEF < 40% or with moderately or severely depressed left ventricular systolic function:

Patients with heart failure:

Hypertensive heart disease with Heart failure: 402.01, 402.11, 402.91; Hypertensive heart and renal disease with Heart failure: 404.01, 404.03, 404.11, 404.13, 404.91, 404.93; Heart Failure codes: 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9

And

Patients who had documentation of an ejection fraction < 40% (use most recent value) or moderately or severely depressed left ventricular systolic function

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99341-99350 (home visit); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the listed E&M services visit are provided to patients with heart failure and decreased left ventricular systolic function. The left ventricular systolic dysfunction may be determined by quantitative or qualitative assessment. Examples of a quantitative or qualitative assessment would be an echocardiogram that provides a numerical value of left ventricular systolic dysfunction or that uses descriptive terms such moderate or severely depressed left ventricular dysfunction. This measure is intended to reflect the quality of services provided for the primary management of patients with heart failure.

Measure: Beta-blocker therapy for left ventricular systolic dysfunctionNumerator:

G8030: Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on beta-blocker therapy

G8031: Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on beta-blocker therapy

G8032: Clinician documented that heart failure patient was not eligible candidate for beta-blocker therapy measure

Denominator:

Heart failure patients with left ventricular ejection fraction (LVEF) < 40% or with moderately or severely depressed left ventricular systolic function

Patients with heart failure:

Hypertensive heart disease with Heart failure: 402.01, 402.11, 402.91; Hypertensive heart and renal disease with Heart failure: 404.01, 404.03, 404.11, 404.13, 404.91, 404.93; Heart Failure codes: 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9

And

Patient who has documentation of an LVEF < 40% (use most recent value) or moderately or severely depressed left ventricular systolic function

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99341-99350 (home visit); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and E&M services are provided for a patient with documented left ventricular systolic dysfunction. The left ventricular systolic dysfunction may be determined by quantitative or qualitative assessment. This measure is intended to reflect the quality of services provided for the primary management of patients with heart failure.

Measure: Beta-blocker therapy for patient with prior myocardial infarction

Numerator:

G8033: Prior myocardial infarction - coronary artery disease patient documented to be on beta-blocker therapy

G8034: Prior myocardial infarction - coronary artery disease patient not documented to be on beta-blocker therapy

G8035: Clinician documented that prior myocardial infarction - coronary artery disease patient was not eligible candidate for beta-blocker therapy measure

Denominator:

Patients with coronary artery disease who also have prior MI at any time as listed:

Patients with Coronary artery disease:

414.00-414.07, 414.8, 414.9, 410.00-410.92 (Acute myocardial infarction), 412 (old MI), 411.0-411.89, 413.0-413.9 (angina), V45.81 (Aortocoronary bypass status), V45.82 (PTCA status)

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99341-99350 (home visit); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary)

And

Patients with prior MI:
410.00-410.92, 412

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided to patients with documented coronary artery disease and prior myocardial infarction. This measure is intended to reflect the quality of services provided for the primary management of patients with coronary artery disease.

Measure: Antiplatelet therapy for patient with coronary artery disease

Numerator:

G8036: Coronary artery disease patient documented to be on antiplatelet therapy

G8037: Coronary artery disease patient not documented to be on antiplatelet therapy

G8038: Clinician documented that coronary artery disease patient was not eligible candidate for antiplatelet therapy measure

Denominator:

Patients with coronary artery disease:

ICD-9-CM codes for Coronary artery disease: 414.00-414.07, 414.8, 414.9, 410.00-410.92 (Acute myocardial infarction); 412 (old MI), 411.0-411.89, 413.0-413.9 (angina), V45.81 (Aortocoronary bypass status), V45.82 (PTCA status)

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99341-99350 (home visit); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used with the listed E&M services provided for a patient with coronary artery disease. This measure is intended to reflect the quality of services provided for the management of patients with coronary artery disease. Antiplatelet therapy consists of aspirin, clopidogrel, or combination of aspirin and dipyridamole.

Measure: Low-density lipoprotein control in patient with coronary artery disease

Numerator:

G8040: Coronary artery disease – patient with low-density lipoprotein documented to be less than or equal to 100mg/dl

G8039: Coronary artery disease – patient with low-density lipoprotein documented to be greater than 100mg/dl

G8041: Clinician documented that coronary artery disease patient was not eligible candidate for low-density lipoprotein measure

G8182: Clinician has not provided care for the cardiac patient for the required time for low-density lipoprotein measure (6 months)

Denominator:

Patients with coronary artery disease:

ICD-9-CM codes for coronary artery disease: 414.00-414.07, 414.8, 414.9, 410.00-410.92 (Acute myocardial infarction), 412 (old MI), 411.0-411.89, 413.0-413.9 (angina), V45.81 (aortocoronary bypass status), V45.82 (PTCA status);

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99341-99350 (home visit); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the CPT services are provided for a patient with coronary artery disease. This measure is intended to reflect the quality of services provided for the management of patients with coronary artery disease.

Measure: Osteoporosis assessment in elderly female patient

Numerator:

G8051: Patient (female) documented to have been assessed for osteoporosis

G8052: Patient (female) not documented to have been assessed for osteoporosis

G8053: Clinician documented that (female) patient was not an eligible candidate for osteoporosis assessment measure

Denominator:

Female patients 75 years of age or older:

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99341-99350 (home visit)

And

Female patients 75 years of age or older

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided to geriatric patients. This indicator, as well as other indicators related to assessments, should be provided only on an annual basis. It is anticipated that the clinical assessment would include counseling the patient about the risk of osteoporosis and the potential need for preventive therapy.

Measure: Assessment of elderly patients for fallsNumerator:

G8055: Patient documented for the assessment for falls within last 12 months

G8054: Patient not documented for the assessment for falls within last 12 months

G8056: Clinician documented that patient was not an eligible candidate for the falls assessment measure within the last 12 months

Denominator:

Patients 75 years of age or older:

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99341-99350 (home visit); 99304-99306, 99307-99310 (nursing facility); G0344

And

Patients 75 years of age or older

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided to geriatric patients. This indicator, as well as other indicators related to assessments, should be provided only on an annual basis. It is anticipated that the clinical assessment would include annual review of the patient's fall history as part of a medically necessary visit.

Measure: Assessment of hearing acuity in elderly patientNumerator:

G8057: Patient documented to have received hearing assessment

G8058: Patient not documented to have received hearing assessment

G8059: Clinician documented that patient was not an eligible candidate for hearing assessment measure

Denominator:

Patients 75 years of age or older:

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99341-99350 (home visit); G0344

And

Patients 75 years of age or older

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided to geriatric patients. This indicator, as well as other indicators related to assessments, should be provided only on an annual basis. It is anticipated that the clinical assessment would include an annual clinical examination and history of hearing capacity as part of a medically necessary visit.

Measure: Assessment for urinary incontinence in elderly patientsNumerator:

G8060: Patient documented for the assessment of urinary incontinence

G8061: Patient not documented for the assessment of urinary incontinence

G8062: Clinician documented that patient was not an eligible candidate for urinary incontinence assessment measure

Denominator:

Patients 75 years of age or older:

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99341-99350 (home visit); G0344

And

Patients 75 years of age or older

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided to geriatric patients. This indicator, as well as other indicators related to assessments, should be provided only on an annual basis. It is anticipated that the clinical assessment would include annual history of patient's absence or presence of urinary incontinence.

Measure: Dialysis dose in end stage renal disease patientNumerator:

G8075: End-stage renal disease patient with documented dialysis dose of URR greater than or equal to 65% (or Kt/V greater than or equal to 1.2)

G8076: End-stage renal disease patient with documented dialysis dose of URR less than 65% (or Kt/V less than 1.2)

G8077: Clinician documented that end-stage renal disease patient was not an eligible candidate for URR or Kt/V measure

Denominator:

Patients with end-stage renal disease on hemodialysis as listed:

CPT: G0308-G0327, 90945, 90947

Or

585.6 (End-stage renal disease)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services or ICD-9 are provided and the listed hemodialysis CPT services are provided to patients with end stage

renal disease. This measure is anticipated to reflect the services provided for the primary management of end stage renal disease. It is not anticipated that this measure would be applicable for services not related to the primary management of end stage renal disease.

Measure: Hematocrit level in end stage renal disease patientNumerator:

G8078: End-stage renal disease patient with documented hematocrit greater than or equal to 33 (or hemoglobin greater than or equal to 11)

G8079: End-stage renal disease patient with documented hematocrit less than 33 (or hemoglobin less than 11)

G8080: Clinician documented that end-stage renal disease patient was not an eligible candidate for hematocrit (hemoglobin) measure

Denominator:

Patients with end-stage renal disease as listed:

CPT: G0308-G0327, 90945, 90947

Or

585.6 (End-stage renal disease)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 is used or the listed CPT services or ICD-9 are provided to patients with end stage renal disease on hemodialysis. This measure is anticipated to reflect the services provided for the primary management of end stage renal disease. It is not anticipated that this measure would be applicable for services not related to the primary management of end stage renal disease.

Measure: Receipt of autogenous arteriovenous fistula in end-stage renal disease patient requiring hemodialysisNumerator:

G8081: End-stage renal disease patient requiring hemodialysis vascular access documented to have received autogenous AV fistula

G8082: End-stage renal disease patient requiring hemodialysis documented to have received vascular access other than autogenous AV fistula

Denominator:

Patients with end-stage renal disease on hemodialysis as listed:

CPT: 36800, 36810, 36815, 36818-36821, 36825, 36830

And

585.6 (End-stage renal disease)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are used and the listed CPT services are provided to patients with end stage renal disease on hemodialysis. It is anticipated that the clinician providing vascular access for the patient's hemodialysis would submit this measure for their patients. It is anticipated that clinicians will still make clinical determinations at the individual level regarding whether a patient is an appropriate candidate for arteriovenous fistula placement.

Measure: Warfarin therapy in heart failure patient with atrial fibrillationNumerator:

G8183: Patient with heart failure and atrial fibrillation documented to be on warfarin therapy

G8184: Clinician documented that patient with heart failure and atrial fibrillation was not an eligible candidate for warfarin therapy measure

Denominator:

Patients with heart failure:

Hypertensive heart disease with Heart failure: 402.01, 402.11, 402.91; Hypertensive heart and renal disease with Heart failure: 404.01, 404.03, 404.11, 404.13, 404.91, 404.93; Heart Failure codes: 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9

And

E&M visit: 99201-99205, 99211-99215, 99241-99245 (office consultation); 99341-99350 (home visit); 99218-99220 (observation); 99234-99236 (observation or inpatient); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337(domiciliary); 99221-99223

And

Atrial fibrillation 427.31

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes for heart failure and atrial fibrillation are used with the listed CPT services. This measure should reflect the quality of the services for the management of atrial fibrillation for a patient with heart failure.

Measure: Smoking cessation intervention in newly diagnosed chronic obstructive pulmonary diseaseNumerator:

G8093: Newly diagnosed chronic obstructive pulmonary disease (COPD) patient documented to have received smoking cessation intervention, within 3 months of diagnosis,

G8094: Newly diagnosed chronic obstructive pulmonary disease (COPD) patient not documented to have received smoking cessation intervention, within 3 months of diagnosis

Denominator:*Patients with COPD:*

ICD-9: 491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9 (Chronic bronchitis); 492.0, 492.8 (Emphysema); 494.0, 494.1 (Bronchiectasis); 496 (COPD); 493.20 – 493.22 (COPD with chronic obstructive asthma)

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99341-99350 (home visit); 99324-99328, 99334-99337 (domiciliary); 99304-99306, 99307-99310 (nursing facility); G0375; G0376

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are used and the listed E&M services are provided to patients with documented COPD.

Measure: Prescription of calcium and vitamin D supplements in osteoporosisNumerator:

G8099: Osteoporosis patient documented to have been prescribed calcium and vitamin D supplements

G8100: Clinician documented that osteoporosis patient was not an eligible candidate for calcium and vitamin D supplement measure

Denominator:*Patients with Osteoporosis as listed:*

ICD-9: 733.00, 733.01, 733.02, 733.03, 733.09

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337(domiciliary); 99341-99350 (home visit)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the listed E&M services are provided for a patient with osteoporosis. It is anticipated that this measure reflects the services provided for the primary management of osteoporosis.

Measure: Antiresorptive therapy and/or parathyroid hormone treatment in newly diagnosed osteoporosisNumerator:

G8103: Newly diagnosed osteoporosis patients documented to have been treated with antiresorptive therapy and/or parathyroid hormone treatment within 3 months of diagnosis

G8104: Clinician documented that newly diagnosed osteoporosis patient was not an eligible candidate for antiresorptive therapy and/or parathyroid hormone treatment measure within 3 months of diagnosis

Denominator:*Patients with Osteoporosis:*

ICD-9: 733.00 733.01 733.02 733.03 733.09

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary); 99341-99350 (home visit)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the listed E&M services are provided for a patient with osteoporosis. It is anticipated that this measure reflects the services provided for the primary management of osteoporosis.

Measure: Bone mineral density testing and osteoporosis treatment and prevention following osteoporosis associated nontraumatic fracture

Numerator:

G8106: Within 6 months of suffering a nontraumatic fracture, female patient 65 years of age or older documented to have undergone bone mineral density testing or to have been prescribed a drug to treat or prevent osteoporosis

G8107: Clinician documented that female patient 65 years of age or older who suffered a nontraumatic fracture within the last 6 months was not an eligible candidate for measure to test bone mineral density or drug to treat or prevent osteoporosis

Denominator:

Female patients 65 and older with osteoporosis:

ICD-9: 733.00 733.01 733.02 733.03 733.09

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary); 99341-99350 (home visit)

And

Female patients 65 and older with osteoporosis

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the listed CPT services are provided for an elderly female patient with nontraumatic fracture. This measure should reflect quality of services for the detection of osteoporosis related complications in the elderly female population. It is anticipated that the clinician who provides primary management of the patient would submit this measure.

Measure: Annual assessment of function and pain in symptomatic osteoarthritis

Numerator:

G8185: Patients diagnosed with symptomatic osteoarthritis with documented annual assessment of function and pain

G8186: Clinician documented that symptomatic osteoarthritis patient was not an eligible candidate for annual assessment of function and pain measure

Denominator:

Visits for patients with Osteoarthritis as listed:

ICD-9: 715.00-715.98 (OA)

And

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary); 99341-99350 (home visit)

Instructions:

This measure is reported whenever the listed ICD-9 codes are used and the listed CPT services are provided for a patient with symptomatic osteoarthritis. This indicator, as well as other indicators related to assessments, should be provided only on an annual basis. This measure should reflect quality of services for the primary management of osteoarthritis.

Measure: Influenza vaccination

Numerator:

G8108: Patient documented to have received influenza vaccination during influenza season

G8109: Patient not documented to have received influenza vaccination during influenza season

G8110: Clinician documented that patient was not an eligible candidate for influenza vaccination measure

Denominator:

Patients 50 years of age or older:

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary); 99341-99350; G0008

And

Patients 50 years of age or older

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided to patients for the purpose of providing preventive services. This indicator should be provided only on an annual basis.

Measure: Mammography

Numerator:

G8111: Patient (female) documented to have received a mammogram during the measurement year or prior year to the measurement year

G8112: Patient (female) not documented to have received a mammogram during the measurement year or prior year to the measurement year

G8113: Clinician documented that female patient was not an eligible candidate for mammography measure

G8114: Clinician did not provide care to patient for the required time of mammography measure (i.e., measurement year or prior year)

Denominator:

Women age 40 or over:

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary); 99341-99350 (home visit); G0344

And

Female patients age 40 or over

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided to patients for the purpose of providing preventive services. This indicator should be provided only on an annual basis.

Measure: Pneumococcal vaccination

Numerator:

G8115: Patient documented to have received pneumococcal vaccination

G8116: Patient not documented to have received pneumococcal vaccination

G8117: Clinician documented that patient was not an eligible candidate for pneumococcal vaccination measure

Denominator:

Patients 65 years of age or older:

E&M visit: 99201-99205, 99211-99215 (E&M); 99241-99245 (office consult); 99304-99306, 99307-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary); 99341-99350; G0009, G0344

And

Patients 65 years of age or older

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided to patients for the purpose of providing preventive services. This indicator shall not be reported more than once a year.

Measure: Antidepressant medication during acute phase for patient diagnosed with new episode of major depressionNumerator:

G8126: Patient documented as being treated with antidepressant medication during the entire 12 week acute treatment phase

G8127: Patient not documented as being treated with antidepressant medication during the entire 12 weeks acute treatment phase

G8128: Clinician documented that patient was not an eligible candidate for antidepressant medication during the entire 12 week acute treatment phase measure

Denominator:

Patients 18 years and older diagnosed with a New Episode of MDD (major depression) and treated with antidepressant medication:

E&M Visit: 99201-99205, 99211-99215; psychiatry: 90801, 90804-90809

And

ICD-9 296.2, 296.3, 300.4, 309.1, 311 (major depression)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the patient is placed on prescription therapy for the treatment of a new episode of major depression disorder. It is anticipated that the clinician that provides the primary management of depression for the patient would submit this measure.

Measure: Antidepressant medication duration for patient diagnosed with new episode of major depressionNumerator:

G8129: Patient documented as being treated with antidepressant medication for at least 6 months continuous treatment phase

G8130: Patient not documented as being treated with antidepressant medication for at least 6 months continuous treatment phase

G8131: Clinician documented that patient was not an eligible candidate for antidepressant medication for continuous treatment phase

Denominator:

Patients 18 years and older diagnosed with a New Episode of MDD (major depression) and treated with antidepressant medication.

E&M Visit: 99201-99205, 99211-99215; psychiatry: 90801, 90804-90809

And

ICD-9 296.2, 296.3, 300.4, 309.1, 311 (major depression)

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed ICD-9 codes are used and the patient is placed on prescription therapy for the treatment of a new episode of major depression disorder. This measure is anticipated to reflect that the primary management of the acute treatment for depression including continuous treatment (beyond 12 weeks) where clinically appropriate.

Measure: Antibiotic prophylaxis in surgical patientNumerator:

G8152: Patient documented to have received antibiotic prophylaxis one hour prior to incision time (two hours for vancomycin)

G8153: Patient not documented to have received antibiotic prophylaxis one hour prior to incision time (two hours for vancomycin)

G8154: Clinician documented that patient was not an eligible candidate for antibiotic prophylaxis one hour prior to incision time (two hours for vancomycin) measure

Denominator:

Patients with selected surgical procedures as listed:

Musculoskeletal: 27130, 27125, 27138, 27437, 27445, 27446

Cardiovascular System: 33300 33305 33400 33401 33403 33404 33405 33406 33410 33411 33412 33413 33414 33415 33416 33417 33420 33422 33425 33426 33427 33430 33460 33463 33464 33465 33468 33470 33471 33472 33474 33475 33476 33478 33496 33510 33511 33512 33513 33514 33516 33517 33518 33519 33521 33522 33523 33530 33533 33534 33535 33536 33545 33560 33600 33602 33608 33610 33611 33612 33615 33617 33619 33641 33645 33647 33660 33665 33670 33681 33684 33688 33692 33694 33697 33702 33710 33720 33722 33730 33732 33735 33736 33737 33770 33771 33774 33775 33776 33777 33778 33779 33780 33781 33786 33813 33814 33875 33877 33918 33919 33920 33924 33999 34520 34830 34831 34832 35081 35082 35091 35092 35102 35103 35111 35112 35121 35122 35131 35132 35141 35142 35151 35152 35256 35286 35331 35341 35351 35355 35361 35363 35371 35372 35381 35516 35518 35521 35522 35525 35531 35533 35536 35541 35546 35548 35549 35551 35556 35558 35563 35565 35566 35571 35583 35585 35587 35600 35616 35621 35623 35631 35636 35641 35646 35647 35650 35651 35654 35656 35661 35665 35666 35671 35686 35879 35881 35903 35907 37500 37700 37720 37730 37735 37760 37765 37766 37780 37785 37788 37791 92992 92993 93580 93581

Hemic and Lymphatic Systems: 38082 38103

Digestive System: 44025 44110 44111 44120 44121 44125 44130 44139 44140 44141 44143 44144 44145 44146 44147 44150 44151 44152 44153 44155 44156 44160 44204 44205 44206 44207 44208 44210 44211 44212 44300 44320 44322 44604 44605 44615 44625 44626 44660 44661 44799 45110 45111 45112 45113 45114 45116 45119 45120 45121 45123 45126 45130 45135 45550 45562 45563 45800 45805 45820 45825 45999

Urinary System: 51597 51925

Female Genital System: 57307 58150 58152 58180 58200 58210 58240 58260 58262 58263 58285 58550 58552 58553 58554 58951 58953 59135 59136 59140 59525

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided for a patient undergoing surgery that typically requires the administration of prophylactic antibiotics. It is anticipated that this measure should reflect the management of the surgical patient to reduce complications from infections. Thus, it is anticipated that it may be appropriate for both the clinician performing the surgery and the clinician providing anesthesia services may submit this measure for a patient.

Measure: Thromboembolism prophylaxis in surgical patient

Numerator:

G8155: Patient with documented receipt of thromboembolism prophylaxis

G8156: Patient without documented receipt of thromboembolism prophylaxis

G8157: Clinician documented that patient was not an eligible candidate for thromboembolism prophylaxis measure

Denominator:

Patients with selected surgical procedures as listed.

Integumentary System: 13160

Musculoskeletal System: 20102 22554 22556 22558 22585 22590 22600 22612 22614 22800 22802 22804 22808 22810 22812 22840 22851 27120 27125 27130 27132 27134 27137 27138 27236 27437 27445 27446 27447 27486 27487

Respiratory System: 32140 32141 32220 32225 32310 32320 32440 32442 32445 32480 32482 32484 32486 32488 32520 32522 32525 32651 32652 32655 32656 32663 32800 32850

Cardiovascular System: 33930 35840 35870 37799

Hemic and Lymphatic Systems: 38100 38101 38102 38120

Mediastinum and Diaphragm: 39501 39502 39503 39520 39530 39531 39540 39541 39545 39560 39561 39599

Digestive System: 42953 43020 43045 43107 43108 43112 43113 43116 43117 43118 43121 43122 43123 43124 43228 43240 43250 43251 43258 43267 43268 43269 43271 43272 43280 43289 43300 43305 43310 43312 43313 43314 43316 43320 43324 43325 43326 43340 43341 43350 43351 43352 43360 43361 43401 43405 43410 43415 43420 43425 43496 43499 43500 43501 43502 43510 43620

43621 43622 43631 43632 43633 43634 43635 43638 43639 43640 43641 43652 43761 43800 43810
43820 43825 43840 43842 43843 43845 43846 43847 43848 43850 43855 43860 43865 43870 43880
43999 44005 44010 44015 44020 44021 44025 44050 44055 44110 44111 44120 44121 44125 44126
44127 44128 44130 44132 44133 44139 44140 44141 44143 44144 44145 44146 44147 44150 44151
44152 44153 44155 44156 44160 44201 44202 44203 44204 44205 44206 44207 44208 44210 44211
44212 44300 44310 44316 44320 44322 44340 44345 44346 44351 44370 44379 44383 44397 44602
44603 44604 44605 44615 44620 44625 44626 44640 44650 44660 44661 44680 44700 44799 44800
44820 44850 45000 45005 45020 45110 45111 45112 45113 45114 45116 45119 45120 45121 45123
45126 45130 45135 45136 45160 45170 45321 45327 45345 45387 45500 45505 45540 45541 45550
45562 45563 45800 45805 45820 45825 45999 46730 46735 46744 46746 46748 47010 47011 47120
47122 47125 47130 47133 47300 47315 47350 47360 47361 47362 47370 47371 47380 47381 47382
47399 47400 47420 47425 47460 47510 47511 47564 47570 47579 47610 47612 47620 47716 47720
47721 47740 47741 47760 47765 47780 47785 47800 47802 47900 47999 48000 48001 48005 48020
48120 48140 48145 48146 48148 48150 48151 48152 48153 48154 48155 48160 48180 48500 48510
48511 48520 48540 48545 48547 48550 48554 48556 48662 48999 49002 49020 49021 49040 49041
49060 49061 49080 49081 49085 49201 49210 49215 49220 49255 49420 49421 49425 49426 49605
49606 49610 49611 49900 49904 49906 49999 96445

Urinary System:

50020 50021 50220 50223 50225 50230 50234 50236 50240 50300 50320 50340 50360 50365 50370
50380 50543 50545 50546 50547 50548 50562 50715 50722 50725 50727 50728 50760 50770 50780
50782 50783 50785 50800 50810 50815 50820 50947 50948 51314 51550 51555 51565 51570 51575
51580 51585 51590 51595 51596 51597 51800 51820 51860 51865 51880 51900 51920 51925 51940
51960 52355 53899

Male Genital System: 54380 54385 54390 54595 55810 55812 55815 55821 55831 55840 55842 55845
55866

Female Genital System: 57307 57330 57531 58150 58152 58180 58200 58210 58240 58260 58262 58263
58285 58291 58292 58550 58552 58553 58554 58661 58662 58679 58700 58720 58823 58920 58925
58940 58943 58950 58951 58952 58953 58954 58960 58999
59120 59121 59135 59136 59140 59150 59151 59154 59525

Endocrine System: 60540 60545

Nervous System: 61105 61107 61108 61120 61150 61151 61154 61156 61210 61250 61253 61304 61305
61312 61313 61314 61315 61320 61321 61322 61323 61330 61332 61333 61340 61345 61437 61440
61470 61480 61490 61510 61512 61514 61516 61518 61519 61520 61521 61522 61524 61526 61530
61534 61536 61537 61538 61539 61540 61541 61542 61543 61545 61556 61557 61570 61571 61575
61576 61580 61581 61582 61583 61584 61585 61586 61590 61591 61592 61595 61598 61600 61601
61605 61606 61607 61608 61615 61616 61720 61735 61770 61800 62000 62005 62010 62161 62162
62163 62164 64752 64755 64760 64999

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services codes are provided to a surgical patient. This measure should reflect the quality of the services provided

for surgical patients to prevent the complications of thromboembolism. It is anticipated that the clinician providing primary management of the surgical patient would submit this measure. It is anticipated that thromboembolism prophylaxis includes low-dose unfractionated heparin, low molecular weight heparin, graduated compression stockings, intermittent pneumatic compression devices, factor Xa inhibitor and warfarin. The appropriate use of thromboembolism prophylaxis will vary according to the surgical procedure.

Measure: Use of internal mammary artery in coronary artery bypass graft surgeryNumerator:

G8158: Patient documented to have received coronary artery bypass graft with use of internal mammary artery

G8159: Patient documented to have received coronary artery bypass graft without use of internal mammary artery

G8160: Clinician documented that patient was not an eligible candidate for coronary artery bypass graft with use of internal mammary artery measure

Denominator:

Patients with coronary artery bypass graft using internal mammary artery:

CPT: 33510, 33511, 33512, 33533, 33534, 33535

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided for a patient undergoing coronary artery bypass graft surgery. This measure is intended to reflect the quality of the surgical services provided for CABG patients.

Measure: Pre-operative beta-blocker for patient with isolated coronary artery bypass graftNumerator:

G8161: Patient with isolated coronary artery bypass graft documented to have received pre-operative beta-blockade

G8162: Patient with isolated coronary artery bypass graft not documented to have received pre-operative beta-blockade

G8163: Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for pre-operative beta-blockade measure

Denominator:

Patients with Coronary artery bypass graft as listed:

CPT: 33510, 33511, 33512, 33533, 33534, 33535

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided for a patient undergoing coronary artery bypass graft surgery. This measure should reflect the primary management of the surgical patient undergoing isolated coronary artery bypass surgery.

Measure: Prolonged intubation in isolated coronary artery bypass graft surgeryNumerator:

G8164: Patient with isolated coronary artery bypass graft documented to have prolonged intubation

G8165: Patient with isolated coronary artery bypass graft not documented to have prolonged intubation

Denominator:

Patients with coronary artery bypass graft as listed:

CPT: 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided for a patient undergoing isolated coronary artery bypass graft surgery. This measure should reflect the management of the surgical patient undergoing coronary artery bypass graft surgery. This measure is not intended to encourage the inappropriate early extubation of patients. The treating clinician should continue to make the appropriate clinical determination regarding the necessity for intubation.

Measure: Surgical re-exploration in coronary artery bypass graft surgeryNumerator:

G8166: Patient with isolated coronary artery bypass graft documented to have required surgical re-exploration

G8167: Patient with isolated coronary artery bypass graft did not require surgical re-exploration

Denominator:

Patients with coronary artery bypass graft as listed:

CPT: 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided for a patient undergoing coronary artery bypass graft surgery. It is anticipated that there may be clinical reasons for a patient to undergo re-exploration. This measure is not anticipated to discourage the treating physician from making the appropriate clinical decision for surgical re-exploration.

Measure: Aspirin or clopidogrel on discharge for patient undergoing isolated coronary artery bypass graft

Numerator:

G8170: Patient with isolated coronary artery bypass graft documented to have been discharged on aspirin or clopidogrel

G8171: Patient with isolated coronary artery bypass graft not documented to have been discharged on aspirin or clopidogrel

G8172: Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for antiplatelet therapy at discharge measure

Denominator:

Patients with coronary artery bypass graft:

CPT: 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536

Instructions:

This measure is reported using the appropriate quality G-code indicator whenever the listed CPT services are provided for a patient undergoing coronary artery bypass graft surgery. This measure should reflect the primary management of the surgical patient undergoing isolated coronary artery bypass surgery.